

Case Number:	CM15-0012356		
Date Assigned:	01/29/2015	Date of Injury:	05/11/2012
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35-year-old female, with a reported date of injury of 05/11/2012. The diagnoses include right neurogenic thoracic outlet syndrome and status post right first rib resection. Treatments have included physical therapy; oral medications; right first rib resection, anterior scalenectomy, middle scalenectomy, and brachial plexus neurolysis on 06/17/2014; ice; and heat. The physical therapy progress report dated 08/26/2014 indicates that the injured worker had diffuse pain throughout the right upper quarter and the ulnar aspect of the forearm and hand. The injured worker's pain rating was 7-8 out of 10. Five physical therapy visits were completed. There had been some return to function since the injury, notably with cervical and shoulder mobility. The right upper extremity motion was still quite sensitive, including simple motions of the fingers and wrist. The cervical spine was sensitive to all motions. The progress report dated 10/29/2014 indicates that the injured worker still experienced right neck and arm pain. She continued to have deep burning pain in both arms and shoulder blade area, left more than right. It was noted that the injured worker's symptoms have returned. The treating physician requested six continued physical therapy visits. On 12/18/2014, Utilization Review (UR) denied the request for continuing six physical therapy visits to include three retrospective visits that occurred on 10/29/2014, 11/05/2014, and 11/20/2014, then three future visits on 12/18/2014, 01/02/2105, and a visit not yet scheduled. The UR physician noted there were no specific instructions, goals, oversight, or follow-up that was established. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy (6 visits) to include 3 retro visits that occurred on 10/29,11/5 & 11/20/14, then 3 future visits scheduled for 12/18, 1/2/15 and a visit not yet scheduled.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Wrist; physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.ODG further quantifies physical therapy for the elbow with:ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. There is insufficient medical evidence to show what functional benefits were gained from the prior PT sessions and what the goals are for the upcoming ones. Therefore, the request for Physical Therapy (6 visits) to include 3 retro visits that occurred on 10/29,11/5 & 11/20/14, then 3 future visits scheduled for 12/18, 1/2/15 and a visit not yet scheduled is not medically necessary.